

Firstpoint Homecare Limited

Firstpoint Homecare Bedford

Inspection report

11 Lurke Street
Bedford
Bedfordshire
MK40 3HZ

Tel: 01234866722
Website: www.firstpointhomecare.com

Date of inspection visit:
07 February 2018
20 February 2018
22 February 2018

Date of publication:
09 July 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Firstpoint Homecare Bedford is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection, 42 people were receiving support.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the provider. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were protected by the prevention and control of infection.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff assisted when required.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People knew how to complain. There was a complaints procedure in place and accessible to all.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Firstpoint Homecare Bedford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive responsive inspection took place on 07 February 2018 and telephone calls to people who used the service and staff were made on 20 and 22 February 2018.

We carried out this responsive inspection as we had received some information of concern regarding the lack of records and management support.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and the registered manager manages two services. We needed to be sure the registered manager would be available.

The inspection was carried out by one inspector.

Before the inspection we contacted the local authority, we checked the information we held about this service and the service provider.

We spoke with four people who used the service and two relatives. We also spoke with the registered manager, a field care supervisor, two co coordinators and two care staff.

We reviewed five people's care records, four medication records, five staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe with the staff in their homes. One person said, "Yes I feel safe with them here." The provider had systems in place to protect people, where possible, from harm.

Staff we spoke with were aware of what constituted abuse and how they would report it if required. Within the office were notices giving advice on how to report suspected abuse along with names, addresses and phone numbers.

Within people's care records we saw they all had individual risk assessments where required to enable them to keep their independence in a safe manner. Environmental risk assessments had also been carried out on the person's home to keep them and staff safe.

The provider had a whistleblowing policy, which staff we spoke with were aware of. Accidents and incidents were reported, recorded and investigated to establish if lessons could be learnt to stop it happening again in the future.

There were sufficient numbers of staff with varying skills employed to provide care and support to people with their assessed needs. The registered manager told us they did not use agency staff as their own staff would cover for leave and sickness. Staff we spoke with confirmed this.

Staff were recruited using a robust recruitment process. Staff files we looked at contained a number of checks including; Disclosure and Barring Service (DBS) check, a minimum of two references, proof of identity, copies of application form and interview questions. The registered manager said, "We carry out all checks before they can start to work, and we carry out new DBS checks every 2-3 years."

There were systems in place to enable people to receive their medicines in a safe way. Some people needed staff to administer their medicines, some people needed staff to remind them to take their medicines, this is called prompting. There was a list of people's up to date medicines within their records. All staff had received appropriate training to administer medicines and had their competency checked annually. Within people's care records we saw completed Medication Administration Records (MAR).

Staff were aware of their responsibilities regarding infection control. There were plentiful supplies of Personal Protective Equipment (PPE) including aprons and gloves.

The registered manager told us of a past situation where lessons had been learnt. He explained that following a full investigation, it had been discussed at a team meeting and was now also checked when staff had their spot checks.

Is the service effective?

Our findings

People's needs had been assessed prior to them being accepted for care and support. The registered manager said, "We need to make sure we can support the person. It would not be fair to say yes, then find out we cannot manage." Care and support was reviewed and delivered in line with current legislation and guidance.

All staff had received appropriate training to enable them to carry out their roles effectively. People we spoke with told us they thought the staff were trained. One person said, "Yes, I think they are well trained, they know what to do." A care coordinator said, "The computer system will not let you allocate work to a staff member if their training is out of date."

Staff we spoke with told us they received regular supervisions as well as spot checks and direct observations. Records we looked at confirmed this. The registered manager received supervision and support from the managing director.

Staff assisted some people who used the service with their meals. This ranged from making sandwiches and drinks to heating pre prepared meals. A relative said, "They help [name of person] with two meals a day." Where people had nutritional needs these were fully recorded in their care plan.

People we spoke with told us the staff would support them with additional healthcare if needed. The registered manager told us that they would assist with arranging additional healthcare support if required. Documentation we viewed showed doctors and district nurses had been called when required.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff we spoke with showed a good understanding of MCA.

People told us staff always gained consent before assisting them with any care or support. One person said, "They always ask if it is alright before they do anything." Within people's care plans we saw they had signed to consent for care and support and if required medication.

Is the service caring?

Our findings

People told us they were treated with kindness. One person said, "The staff are lovely, they are very nice." A relative said, "They are all lovely, I would recommend them." The registered manager told us they tried to keep the same staff on the same rounds so they were able to develop relationships with people. One person told us they usually had the same group of carers which they liked. This helped with continuity of care.

People were able to express their views and had been involved in decision making. Within peoples records we saw that people had been involved in their assessment process and in the development of their care plan. One person said, "I know what is in my folder, and they write in it before they leave every time." Care plans had been reviewed and updated regularly to be reflective of people's changing needs.

People told us that staff usually arrived on time. One person said, "They are on time most of the time, when they are late it is usually because of traffic or something like that. They will let us know if they can."

The registered manager told us that if the need arose they would assist anyone who used the service to access the services of an advocate. Information was available. An advocate is an independent person who can speak for and act on behalf of someone.

People told us that staff kept their privacy and dignity. One person said, "They are very respectful, they keep me covered as much as possible." People told us staff always knocked or if they used a key safe they shouted it was them so people knew who was entering their home.

Staff we spoke with were aware of their responsibilities regarding confidentiality. One staff member said, "We make sure confidentiality is kept." Computers in the office were password protected and documentation was stored in locked cabinets.

Is the service responsive?

Our findings

People we spoke with told us they and their families, if appropriate, were involved in the development of their care plans. The registered manager told us they carried out pre assessments and involved the person and family where necessary.

Care plans we reviewed showed they had been written in a person centred way for each individual. They contained a copy of the call times and what needed to be completed at each call. This ensured people received the support in the way they wished. Care plans we reviewed contained plans for each area of care the person received, for example personal care, showering and moving and positioning. Daily records were kept of every visit made by a member of care staff which stated exactly what had been done on that visit.

The registered manager told us they had recently started to use a computer system which showed when staff had logged in or out of a person's house. If staff did not log in on time the system would alert the coordinator who would then investigate. Some staff were still getting used to the system; this was being dealt with through supervisions and staff meetings.

The provider had a complaints policy and procedure in place. This was also within people's service guide. One person said they had complained in the past, it had been dealt with to their satisfaction. There had not been any recent complaints, however, those in the past had been recorded and responded to appropriately.

Is the service well-led?

Our findings

The registered manager was aware of the day to day culture of the service. They were also registered to manage another service and they split their time between the two. They explained that they received the morning hand over and were in regular contact throughout the day when they were at their other service. Staff in the office confirmed this. They told us that the registered manager was available on the telephone at all times and would travel to the office immediately if required.

The provider's values and vision were displayed in the office and clearly visible. The registered manager was able to talk about the provider's vision with confidence.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were aware of their responsibilities and legal requirements.

Staff and people were encouraged to express their views. Each person who used the service or their representative, were called each month to check everything had been alright over the previous month. On one record we saw that a relative had said the evening call had been late on a regular basis. The care coordinator had told them what would happen. They spoke with the regular carer, recorded it and monitored the call times. They had then contacted the person to update them and enquire if things had improved.

An annual client survey had been sent out at the end of last year. Results were all positive with an overall score of 97.5% Some comments included; 'I like having the same carers.' 'I really look forward to the carer calling in.' and 'Everything is fine.'

The provider had sufficient resources available to develop the service, staff and drive improvement. There were effective systems in place to monitor the quality of the service provided. The registered manager and senior staff carried out regular audits, if there were any shortfalls an action plan would be produced and signed off when complete. The registered manager told us the provider had recently recruited a compliance manager who would carry out regular visits to the service to carry out more detailed quality audits.

The registered manager told us they worked in partnership with the local authority to enable the care and support provided to be appropriate for people.